



United States Department of State

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May 4, 2022

MEMO FOR MARC E. KNAPPER, U.S. AMBASSADOR TO VIETNAM

FROM: S/GAC – Parvies Hosseini, S/GAC Chair
S/GAC – Ann Sangthong, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Vietnam COP Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Vietnam Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Vietnam, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Vietnam COP 2022 with a total approved budget of \$37,500,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	32,432,313	5,067,687	37,500,000
Bilateral	32,432,313	5,067,687	37,500,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$37,500,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2023 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

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ARPA/ESF Funds

All ARPA ESF funds from COP 2021 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP 2022/FY 2023 on top of the approved COP 2022 envelope.

Background

This approval is based upon the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 22-April 25, 2022, virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Vietnam's COP 2022 are approved to support PEPFAR Vietnam's vision in partnership with the Government and people of Vietnam to work towards epidemic control by: targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. Efforts to establish a Public Health Cluster Response (PHCR) approach to the HIV epidemic, grounded in a robust case surveillance system, will continue into COP 2022. PEPFAR Vietnam envisions a PHCR that will contribute to epidemic control goals by monitoring recent infections and new diagnoses and driving a rapid response to HIV outbreaks and clusters. PEPFAR Vietnam intends to refine the key population (KP) size estimates (PSE) and HIV estimates to bolster the data driven programmatic response at the provincial level through HIV sentinel surveillance (HSS+) among urban men who have sex with men (MSM) and increasing the MSM PSE in four or five additional provinces. New inputs around specific high-risk groups ("other") will be examined to gain a better understanding around care-seeking behaviors. A KP study will unpack these trends across various groups including serodiscordant couples. Specific service delivery activities which will be new in COP 2022 include expansion of PrEP service delivery sites in both public and private sector, as well as the pilot implementation of tele-PrEP for PrEP initiation. The program for COP 2022 will address and respond to the increasing newly reported cases in MSM and the "other" group in Vietnam, with a focus in the eleven PEPFAR priority provinces of the Northern Economic Zone including Hanoi, and the Ho Chi Minh City metropolitan area. The two urbanized areas together account for over half of the HIV burden in Vietnam. By the end of FY 2023, PEPFAR Vietnam aspires to have an additional 8,194 PLHIV on treatment and 93,512 patients with suppressed viral load.

The PEPFAR Vietnam strategy for programming to be implemented in FY 2023 will continue the successful and sustainable programmatic and financial transition of the HIV response to the Government of Vietnam (GVN) as part of a holistic transition to sustainable local ownership of the HIV response. Responsibility for financing and administration of HIV treatment and procurement of ARVs has shifted to GVN's Social Health Insurance (SHI) since 2018. COP 2022 will increase efforts to mainstream a robust and sustainable Social Contracting Framework

that leverages and solidifies the important role of Community-Based Organizations (CBOs) within the national HIV response strategy, including PHCR. These efforts will create a clear path for direct community service delivery that is funded and supported by the GVN. PEPFAR Vietnam will also provide technical assistance in supply chain management, advocate for GVN's increased financing for PrEP, and collaboratively develop the provincial financial sustainability plans while increasing provincial financing of HIV programs. PEPFAR Vietnam will work with the GVN to assess the prevention and testing strategies for which the GVN can assume responsibility.

Since COP 2018, PEPFAR Vietnam has been implementing an aggressive plan to move toward epidemic control in the eleven PEPFAR priority provinces. The COP 2022 plan further optimizes case-finding by expanding the HIV self-test (HIVST) market, integrating syphilis testing with HIV testing and PrEP referral, and blending social network strategies with safe and ethical index partner testing. PEPFAR Vietnam will scale up one-stop shops in PEPFAR provinces to provide integrated sexual health care focused on KPs, especially MSM and transgender people. Community engagement and monitoring will continue to be central to assure that PEPFAR delivers high-quality, stigma-free services across the cascade, builds the capacity for increased HIV service delivery by the community, and provides a platform for community participation in the national PHCR. PEPFAR Vietnam will encourage strong coordination between health facility providers and community-based supporters to ensure follow-up of clients who have dropped out of care. To complement the PHCR, COP 2022 will streamline digital health investments to ensure ongoing availability of timely, high-quality data and interoperable data systems. PEPFAR will also continue investments to strengthen case surveillance and other critical health information systems at the national, provincial, and community levels, as well as provincial CQI and Program Quality Monitoring (PQM).

PEPFAR reaffirms commitment to a locally-owned HIV response including PHCR. In addition to ongoing support to local public institutions, COP 2022 will enhance support for developing CBOs into social enterprises and expansion of the social contracting roadmap, as well as private sector engagement. The PHCR approach supported by the implementation of a case surveillance system, and the increasing transition to domestic funding from the GVN, will make epidemic control more achievable and sustainable across all of Vietnam.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

of which, Bilateral									
Total		New Funding							Applied Pipeline
		Total		FY 2022			FY 2021		
				Total	GHP-State	GHP-USAID	GAP	GHP-State	
TOTAL	37,500,000	32,432,313	32,432,313	20,574,555	-	1,857,750	-	-	5,067,687
DOD Total	1,361,487	899,384	899,384	399,384	-	-	-	-	462,103
DOD	1,361,487	899,384	899,384	899,384	-	-	-	-	462,103
HHS Total	18,526,951	15,030,189	15,030,189	13,172,439	-	1,857,750	-	-	3,496,762
HHS/CDC	18,526,951	15,030,189	15,030,189	13,172,439	-	1,857,750	-	-	3,496,762
STATE Total	1,055,353	1,058,353	1,058,353	1,058,353	-	-	-	-	-
State	228,206	228,206	228,206	228,206	-	-	-	-	-
State/EAP	830,147	830,147	830,147	830,147	-	-	-	-	-
USAID Total	16,553,209	15,444,387	15,444,387	15,444,387	-	-	-	-	1,108,822
USAID, non-WCF	15,355,363	15,355,363	15,355,363	15,355,363	-	-	-	-	-
USAID/WCF	1,197,846	89,024	89,024	89,024	-	-	-	-	1,108,822

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

of which, Central									
Total	New Funding								Applied Pipeline
	Total	FY 2022				FY 2021	FY 2020		
		Total	GHP-State	GHP-USAID	GAP			GHP-State	
TOTAL	-	-	-	-	-	-	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-
State/EAP	-	-	-	-	-	-	-	-	-
USAID Total	-	-	-	-	-	-	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-
USAID/WCF	-	-	-	-	-	-	-	-	-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Vietnam has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Vietnam. Upon approval of this memo, the amounts below will become the new earmark controls for the Vietnam/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	8,131,937	8,131,937	-	-
Orphans and Vulnerable Children	-	-	-	-
Preventing and Responding to Gender-based Violence	-	-	-	-
Water	-	-	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

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AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	2,371,887	2,371,887	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

AB/Y requirement is not applicable as the OU does not have a generalized epidemic.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	32,432,313	5,067,687	-	-	37,500,000
<i>of which, Community-Led Monitoring</i>	300,000	-	-	-	300,000
<i>of which, Core Program</i>	29,910,668	4,468,840	-	-	34,379,508
<i>of which, Surveillance and Public Health Response</i>	2,221,645	598,847	-	-	2,820,492
DOD Total	899,384	462,103	-	-	1,361,487
<i>of which, Core Program</i>	899,384	462,103	-	-	1,361,487
HHS Total	15,030,189	3,496,762	-	-	18,526,951
<i>of which, Core Program</i>	13,061,544	2,897,915	-	-	15,959,459
<i>of which, Surveillance and Public Health Response</i>	1,968,645	598,847	-	-	2,567,492
STATE Total	1,058,353	-	-	-	1,058,353
<i>of which, Community-Led Monitoring</i>	300,000	-	-	-	300,000
<i>of which, Core Program</i>	758,353	-	-	-	758,353
USAID Total	15,444,387	1,108,822	-	-	16,553,209
<i>of which, Core Program</i>	15,191,387	1,108,822	-	-	16,300,209
<i>of which, Surveillance and Public Health Response</i>	253,000	-	-	-	253,000

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Vietnam		SNU Prioritizations		Total
		Scale-up: Saturation	Scale-up: Aggressive	
TX_NEW	<15	85	46	131
	15+	5,926	2,081	8,063
	Total	6,011	2,127	8,194
TX_CURR	<15	1,024	535	1,559
	15+	69,168	27,405	96,911
	Total	70,192	27,940	98,470
TX_PVLS	<15	972	506	1,478
	15+	65,604	26,057	92,034
	Total	66,576	26,563	93,512
HTS_SELF	<15	-	-	-
	15+	38,664	13,682	52,346
	Total	38,664	13,682	52,346
HTS_TST	<15	967	950	1,917
	15+	85,986	49,125	161,611
	Total	86,953	50,075	163,528
HTS_TST_POS	<15	87	47	134
	15+	6,230	2,190	8,476
	Total	6,317	2,237	8,610
HTS_RECENT	<15	312	150	462
	15+	12,714	3,750	16,489
	Total	13,026	3,900	16,951
TB_PREV	<15	113	58	171
	15+	6,048	2,181	8,285
	Total	6,161	2,239	8,456
TX_TB	<15	1,049	547	1,596
	15+	70,577	27,963	98,960
	Total	71,626	28,510	100,556
KD_PREV	Total	38,140	18,179	56,319
PrEP_NEW	Total	12,000	6,000	18,000
PrEP_CT	Total	10,759	5,213	15,972
PP_PREV	<15	453	365	818
	15+	48,110	28,514	126,624
	Total	48,563	28,879	127,442

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. If the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention, it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Vietnam's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP 2022 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
Total	47,320,000	100%	11,537,420	25%	5,474,404	12%	3,952,012	8%	13,893,077	30%	5,452,187	14%	-	0%	-	0%
DOO	1,361,487	3%	589,155	37%	17,550	1%	85,000	6%	598,012	44%	151,770	11%	-	0%	-	0%
HHS	19,819,448	49%	5,676,642	29%	4,264,249	22%	1,732,853	9%	5,889,368	30%	2,257,336	11%	-	0%	-	0%
STATE	1,071,616	3%	30,000	3%	-	0%	-	0%	1,047,616	97%	-	0%	-	0%	-	0%
USAO	18,061,449	45%	5,321,623	29%	1,197,605	7%	2,145,059	12%	6,359,081	35%	3,045,081	17%	-	0%	-	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
Total	37,500,000	100%	10,491,406	28%	5,048,336	13%	3,022,075	8%	13,126,057	35%	5,812,428	15%	-	0%	-	0%
DOO	1,361,487	4%	519,155	38%	21,550	2%	85,000	6%	579,012	43%	156,770	12%	-	0%	-	0%
HHS	18,526,951	49%	4,923,751	27%	4,081,192	22%	1,348,315	7%	5,885,613	32%	2,287,680	12%	-	0%	-	0%
STATE	1,053,353	3%	333,500	30%	-	0%	-	0%	744,853	70%	-	0%	-	0%	-	0%
USAO	16,559,209	44%	4,735,000	29%	945,494	6%	1,588,760	10%	5,915,379	36%	3,367,776	20%	-	0%	-	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Total	(2,820,000)	(1,045,014)	-9%	(425,133)	-8%	(540,837)	-14%	(767,020)	-6%	380,000	7%	-	-	-	-
DOO	-	10,000	2%	4,000	23%	-	0%	(19,000)	-3%	5,000	3%	-	-	-	-
HHS	(1,297,497)	(757,891)	-13%	(183,957)	-4%	(384,338)	-22%	(2,555)	0%	30,344	1%	-	-	-	-
STATE	(19,263)	283,500	945%	-	-	-	-	(302,763)	-29%	-	-	-	-	-	-
USAO	(1,509,240)	(586,623)	-11%	(247,111)	-21%	(554,699)	-26%	(442,702)	-7%	324,695	11%	-	-	-	-